



STATE OF COLORADO

CLASS SERIES DESCRIPTION

September 15, 1996

CLINICAL BEHAVIORAL SPECIALIST

C5A1TX TO C5A3XX

DESCRIPTION OF OCCUPATIONAL WORK

This class series uses two levels in the Health Care Services Occupational Group and describes work in the psychology and mental health care fields. Positions in this class series apply the principles, theories, and practices of the fields of psychology and counseling. This class series is distinguished from the psychologist class series, in part, by the lack of licensure as a psychologist.

Clinical behavioral specialists investigate, identify, and measure the mental health and behavioral characteristics of clients; recommend treatment, rehabilitation, or habilitation procedures; and participate in or provide treatment delivery to clients. Duties include, but are not limited to, administering and scoring a variety of aptitude, achievement, intelligence, and personality tests to provide behavioral and mental evaluations of clients; using clinical interviews to assess clients; participating in the development of or developing treatment approaches to be applied to clients, often as a member of a multidisciplinary team; providing behavioral therapy and psychotherapy treatment to clients; and, preparing various evaluative reports on clients and the results of interpreted test scores or interviews. Some positions work in security settings where the positions follow policies and procedures to ensure the safety of themselves and others.

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CLINICAL BEHAVIORAL SPECIALIST I

C5A1TX

CONCEPT OF CLASS

This class describes the first-level clinical behavioral specialist. Duties include, but are not limited to, selecting and administering identification and measurement techniques to clients in a state facility; and preparing evaluation, testing, and observation reports on clients based on an interpretation of test results.

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Positions also participate in the development of treatment or rehabilitation planning for clients and in the delivery of treatment to clients.

FACTORS

Allocation must be based on meeting all of the four factors as described below.

Decision Making -- The decisions regularly made are at the operational level, as described here. Within limits set by the specific evaluation and measurement process, choices involve deciding what specific client test or measurement is required to carry out the process. This includes determining how the operation will be completed. For example, a position decides the ability of a client to participate in various testing situations and selects testing instruments accordingly. By nature, data needed to make decisions are numerous and variable so reasoning is needed to develop the practical course of action within the established process. Choices are within a range of specified, acceptable standards, alternatives, and technical practices. For example, a position decides which information in a client's previous assessment records and histories is relevant to the current situation.

Complexity -- The nature of, and need for, analysis and judgment is patterned, as described here. Positions study client information to determine what it means and how it fits together in order to get practical solutions in the form of client measurements and evaluations. For example, a position uses agency guidelines and professional standards in deciding to hospitalize a client involuntarily. Measurement and testing guidelines in the form of agency protocols and procedures exist for most client situations. Judgment is needed in locating and selecting the most appropriate of these guidelines which may change for varying client circumstances as the evaluation or measurement task is repeated. This selection and interpretation of guidelines involves choosing from alternatives where all are correct but one is better than another depending on the given circumstances of the client or situation. For example, a bank of testing devices and clinical interview techniques are all appropriate for a client, but given the client's focus and attitude, one testing device or technique is the most appropriate to apply.

Purpose of Contact -- Regular work contacts with others outside the supervisory chain, regardless of the method of communication, are for the purpose of either of the following:

Exchanging or collecting information with contacts. This involves giving learned information that is readily understandable by the recipient or collecting factual information in order to solve problems, errors, or complaints. For example, a position explains the basic nature of a testing procedure to a client or a client's family.

Advising, counseling, or guiding the direction taken to resolve complaints or problems and influence or correct actions and behaviors. For example, a position guides clients in order to help them complete and understand a self-assessment procedure.

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Line/Staff Authority -- The direct field of influence the work of a position has on the organization is as an individual contributor. The individual contributor may explain work processes and train others. The individual contributor may serve as a resource or guide by advising others on how to use processes within a system or as a member of a collaborative problem-solving team. This level may include positions performing supervisory elements that do not fully meet the criteria for the next level in this factor.

CLINICAL BEHAVIORAL SPECIALIST II

C5A2XX

CONCEPT OF CLASS

This class describes the second-level clinical behavioral specialist. In addition to the duties and responsibilities of a Clinical Behavioral Specialist I, positions in this class have increased responsibility for diagnosing a client's treatment needs through tests and clinical interviews, recommending specific treatment modalities, participating in a client's rehabilitation or treatment program, or acting as the primary provider of treatment. The Clinical Behavioral Specialist II differs from the Clinical Behavioral Specialist I on the Decision Making factor.

FACTORS

Allocation must be based on meeting all of the four factors as described below.

Decision Making -- The decisions regularly made are at the process level, as described here. Within limits set by professional behavioral needs measurement and care standards, the agency's available technology and resources, and behavioral care program objectives and regulations established by a higher management level, choices involve determining the evaluation and measurement process and determining the treatment processes. For example, a position utilizes a clinical interview to establish a diagnosis and treatment plan for a client. The general pattern, program, or system exists but must be individualized. This individualization requires analysis of client data that is complicated. Analysis is breaking the client's problem or case into parts, examining these parts, and reaching conclusions that result in evaluative or treatment processes. This examination requires the application of known and established psychological theory, principles, conceptual models, professional standards, and precedents in order to determine their relationship to the problem. New protocols, processes, or objectives require approval of higher management. For example, a position applies general admission criteria to decide that a potential client would be suitable for treatment in a unit and then decides on a specific evaluation or measurement process for the client.

Complexity -- The nature of, and need for, analysis and judgment is patterned, as described here. Positions study client information to determine what it means and how it fits together in order to get practical solutions in the form of client measurements and evaluations. For example, a position uses agency guidelines and professional standards in deciding to hospitalize a client involuntarily. Measurement and testing guidelines in the form of agency protocols and procedures exist for most client situations. Judgment is needed in locating and selecting the most appropriate of these guidelines which may change for varying client circumstances as the evaluation or measurement task is repeated. This

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selection and interpretation of guidelines involves choosing from alternatives where all are correct but one is better than another depending on the given circumstances of the client or situation. For example, a bank of testing devices and clinical interview techniques are all appropriate for a client, but given the client's focus and attitude, one testing device or technique is the most appropriate to apply.

Purpose of Contact -- Regular work contacts with others outside the supervisory chain, regardless of the method of communication, are for the purpose of either of the following:

Exchanging or collecting information with contacts. This involves giving learned information that is readily understandable by the recipient or collecting factual information in order to solve problems, errors, or complaints. For example, a position explains the results of a clinical interview to a client or a client's family.

Advising, counseling, or guiding the direction taken to resolve complaints or problems and influence or correct actions and behaviors. For example, a position guides and treats clients in order to help them complete a rehabilitative process.

Line/Staff Authority -- The direct field of influence the work of a position has on the organization is as an individual contributor. The individual contributor may explain work processes and train others. The individual contributor may serve as a resource or guide by advising others on how to use processes within a system or as a member of a collaborative problem-solving team. This level may include positions performing supervisory elements that do not fully meet the criteria for the next level in this factor.

CLINICAL BEHAVIORAL SPECIALIST III

C5A3XX

CONCEPT OF CLASS

This class describes formal, first level, unit supervision over professional mental health positions, as described in the descriptions of occupational work. The Clinical Behavioral Specialist III differs from the Clinical Behavioral Specialist II on the Complexity and Line/Staff Authority factors.

FACTORS

Allocation must be based on meeting all of the four factors as described below.

Decision Making -- The decisions regularly made are at the process level. Within limits set by professional mental health standards, the agency's available technology and resources, client care program objectives and regulations established by a higher management level, choices involve determining the service delivery processes. Such processes include designing the set of specific operations involved in assessment, planning and delivering client care through counseling and therapeutic approaches. Within general guidelines, employees in this class determine client needs for services and decide, on an individual client basis, how those services may best be provided, e.g., through individual or group counseling. The

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general pattern, program or system exists but must be individualized for varying clients' needs. This individualization requires analysis of client data that are complicated. Analysis includes breaking the client's problem or case into parts, examining these parts and reaching conclusions that result in client treatment plans and the delivery of needed services and counseling to clients and families. This examination requires the application of known and established mental health theories, principles, conceptual models, professional standards and precedents to determine their relationship to the client's need for services.

Complexity -- The nature of, and need for, analysis and judgment is formulative. Employees in this class evaluate the relevance and importance of mental health theories, concepts and principles to tailor them to develop a different service delivery approach or tactical plan to fit specific client population or unit circumstances. While general agency policy, precedents or nonspecific practices exist, they are inadequate so they are relevant only through approximation or analogy. In conjunction with theories, concepts, and principles, employees use judgment and resourcefulness in tailoring the existing guidelines so they can be applied to particular circumstances and to deal with emergencies. For example, employees alter processes to deliver client services to meet the needs of teaching or research functions of a facility. The mere application of theory and method is inadequate for rating at this level. Positions must have command of the full range of behavioral theories, methods, practices and principles such that they may evaluate and interpret the relevance of such constructs to varying assignments or programs.

Purpose of Contact -- Regular work contacts with others outside the supervisory chain, regardless of the method of communication, are for the purpose of any of the following:

Detecting or discovering information or problems by interviewing or investigating where the issues or results of the contact are not known ahead of time. For example, positions interview welfare workers, family members and others to determine background and causes of client problems. Positions also perform discharge planning assessments for smooth transition of clients to community living.

Advising, counseling or guiding the direction taken to resolve complaints or problems and influence or correct actions and behaviors. For example, positions advise families who must make placement or transition decisions for clients unable to make such decisions on their own or are unable to make such decisions without family consultation.

Line/Staff Authority -- The direct field of influence the work of a position has on the organization is as a unit supervisor. The unit supervisor is accountable, including signature authority, for actions and decisions that directly impact the pay, status and tenure of three or more full-time equivalent positions. At least one of the subordinate positions must be in the Clinical Behavioral Specialist, Social Worker or Substance Abuse Counselor class series or at a comparable conceptual level. The elements of formal supervision must include providing documentation to support recommended corrective and disciplinary actions, signing performance plans and appraisals and resolving informal grievances. Positions start the hiring process, interview applicants, and recommend hire, promotion or transfer.

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ENTRANCE REQUIREMENTS

Minimum entry requirements and general knowledge, skills, and abilities for classes in this series are contained in the class job profile.

For purposes of the Americans with Disabilities Act, the essential functions of specific positions are identified in the position description questionnaires and job analyses.

CLASS SERIES HISTORY

Effective 9/15/96 (KLJ). Addition of supervisory level. Published as proposed 8/15/96.

Effective 9/1/93 (KAS). Job Evaluation System Revision project. Published as proposed 5/24/93.

Revised 7/1/82 Minimum qualifications changed.

Created 1/1/75.

SUMMARY OF FACTOR RATINGS

Class Level	Decision Making	Complexity	Purpose of Contact	Line/Staff Authority
Clinical Behavioral Specialist I	Operational	Patterned	Exchange or Advise	Indiv. Contributor
Clinical Behavioral Specialist II	Process	Patterned	Exchange or Advise	Indiv. Contributor
Clinical Behavioral Specialist III	Process	Formulative	Detect or Advise	Unit Supervisor

ISSUING AUTHORITY: Colorado Department of Personnel/General Support Services